

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	08/894766		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		1	20 May 97	\$ 65.00
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
LAW OFFICES OF KACI & NORMAN 86 Sparks Street Cambridge, MA 02138-2216		7 TOTAL AMOUNT OF REFUND \$ 65.00		
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9	--	
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		Signature: <i>S. Kelly Upd</i>		TITLE: <i>Paralegal</i>
SIGNATURE:		<i>S. Kelly Upd</i>		PHONE: <i>3053653</i>
OFFICE:		<i>PCT</i>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED:		DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B